tot atto quanto Mathaudi (githa are frago.).

		RESIDETERMINA FORM PTO-878	TION RECORD	. Applic	HOUGH TO 12006, OMB O. DEPARTMENT OF OOR DEST & Telld ONG CONTINUENT OF OR OTHER DEST & TELLD ONG CONTINUENT OF OTHER DEST & TELLD ONG CONTINUENT ON OTHER DEST & TELLD ONG CONTINU
	CLAIMS AS FILED - P	ARTI			178503
	(Cotumn 1)	(Column 2)	SMALL E	armi.	OTUED
BASIC FEE	NUMBER FILED	NUMBER EXTRA	7	VIIIY OR	OTHER THA SMALL ENTI
[(77 CFR 1.16(a))		TOWNER EXTRA	RATE	_FEE.	
TOTAL CLAIMS (37 CFR 1.16(c))					PATE F
HOEPENDENT OF AUTO	minus 20 a		X1 .	OR	1
(37 OFR 1.16(b))	minus 3 e	•	7	OR	X 1
MULTIPLE DEPENDENT O	LAIM PRESENT OF CE	1.16(4)	X \$ =	OR OR	X1 c
		(1.10(0))	+==	OR	
, and in solution	n 1 ts less than zero, enter "O	In column 2.	TOTAL	°'\	.+1 <u> </u>
CLAIM	S AS AMENDED - PA	RTII	_	OR .	TOTAL
		· .•.			
ME C	LAIMS	olumn 2) (Column 3)	SMALLENT	TV OR	OTHER THAN
	MACHINGIP LaiNU	HEST MBER			SMALL ENTITY
Total AME	MOLENIA PREV	TOUSLY EXTRA	TO THE THE	DOZ	. It servered to
D PTOR LING	5 Minus	18 -	1 1	重.	TIONA
LI GIT CHR 1.16(0)	2 Minus ···	7	x1.25.	OR X	50 FEE
FIRST PRESENTATION O	E Ma Toy S on		x s/00=	1. / - [:200.
	F MULTIPLE DEPENDENT CLAI	(37 CFR 1.16(d))	+:180=	1 1	
			TOTAL		.36Q
(Colu	mn 1) (Colu	rmn 2) (Column 3)	ADD'L FEE	OR AL	OTAL DDL FEE
	HICH	FST.			
AF	PREVIO	USLY FXTRA	RATE ADI	/- I I .	ADI-
CH COR LIGGED	Minus PAID	OR	TION		RATE ADDI-
Independent	Minus ···	0	X1		PEE-
	<u></u>	711.1	XI 5	OR X	= -
LICELLATION OF	MULTIPLE DEPENDENT CLAIM	(3) OFR 4.16(d))		OR XI	======
		·	TOTAL	TOR" THE	er automorphis er commission of
(Colum	. 41		ADD'L FEE	OR ADD	AL L FEE
CLAIR	AS LUCYE	(Qolumn 3)			٠
REMAIN AFTE	MINO NUMBE	R 'I POECCAT	. RATE ADDI	7 /	ati.
AMENON	ENT PAID FO		TIONAL		ATE ADDI-
(1) CFR (4)C(d)	Minus	Ε'	1.FEE	-	TIONAL FEE
prospendent .	Minus ***		X \$ c	OR X	
FIRST PRESENTATION OF ME	LTIPLE DEPENDENT CLAIM (3		X 1 =	OR X	
	THE DEPENDENT CLAIM (7 CFR 1.16(d))	+8 =		===
If the entry in manage .	ss than the entry in column 2, lously Paid For IN THIS SOA	1	TOTAL ADD'L FEE	OR +:	
If the "Highest Number O.	ts than the entry in column 2 lously Paid For IN THIS SPA ously Paid For IN THIS SPA! usly Paid For (Total or Inden	Wille-10" In column s		J'CCA RO	FEE

Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. In Trignest Number Previously Paid For (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to Process) an application. Consideriusly is poverticed by 35 U.S.C. 122 and 37 CFR 1.13. This collection is stumbled to take 12 minutes to complete including gathering, perparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments and Trademark Office; U.S. Department of Commission, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.